



Classification Residency Training	Table of Contents Purpose 1
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Implementation Authority Residency Program Director	
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- Purpose** 1. The Family Medicine Residency Program recognizes that Residents need to not only feel safe, but to also *be* safe during their residency training within the University of Calgary.
- Scope** 2. This policy applies to all Residents in the University of Calgary Department of Family Medicine.
- Definitions** 3. In this policy:  
a) "Safety" relates to the residents' physical, emotional and professional wellbeing.
- Policy Statement** 4. **4.1** The Resident Safety Policy is developed and reviewed on a regular basis with involvement and contribution from Residents in the Family Medicine Residency programs at The University of Calgary.
- 4.2** Residents are expected to provide rotation and Preceptor evaluations to help direct or establish any concerns regarding resident safety.
- 4.3** Residents are expected to bring any concerns related to safety to the attention of any of; their primary Preceptor, Faculty Advisor, Division Director, Site Director or Program Director.
- 4.4** The residency program administration and Directors must act promptly to verify safety issues and take appropriate action to address any problem(s) so identified.

**4.5** Critical incidents involving Residents must be recorded, and appropriate debriefing should occur in a timely fashion.

#### **4.6 Travel**

A current driver's license and access to a vehicle are mandatory in UofC Urban FM due to the distances between teaching sites. It is expected that Residents in the Program utilize their own transport when travelling to and from teaching sites, both within Calgary, and when on rural rotations.

- 4.6.1** Residents must maintain their vehicle adequately and travel with appropriate clothing and supplies.
- 4.6.2** Residents must maintain active auto insurance for their vehicle.
- 4.6.3** Neither the University of Calgary, nor Alberta Health Services maintains supplemental insurance for individuals travelling by private vehicle. Individuals choosing to carpool in a colleague's (co-Residents, supervisors, other team members) vehicle do so at their own collective risk.
- 4.6.4** Cell phone and other electronic device use while driving, including hands-free options, is not permitted.
- 4.6.5** For longer distance travelling, Residents need to ensure that someone knows when they are expected to leave and when they are expected to arrive at their destination. This can be a family member, a fellow resident, or an attending physician.
- 4.6.6** Residents should not be on call the day before travel, and if travelling long distances, there should be a designated travel day between rotations before any clinical activities start.
- 4.6.7** Residents are encouraged to drive during daylight hours when travelling long distances by private vehicle.
- 4.6.8** Residents are not expected to travel on highways or long distances during inclement weather. If such weather prevents travel, the Resident is expected to make reasonable attempts to contact the program office ASAP and the appropriate contact at the destination. In this case, the Resident will not be expected to make up time towards their clinical duties.
- 4.6.9** Residents are expected to carry with them a list of appropriate contacts such as the program office, the designated location preceptor or office, and standard emergency numbers.
- 4.6.10** Residents are encouraged to discuss safety procedures at rural or remote locations with their preceptors or contact person as soon as possible after arriving. Emergency contact information should be recorded and carried.
- 4.6.11** Residents should ensure adequate rest after call duties before travelling home from the site of clinical duties. Provisions should be made to accommodate Residents for rest before travel such as being able to remain in the call room. Residents should discuss such arrangements with the rotation coordinator, senior resident, or attending physician. Residents may have access to alternative modalities of transportation (i.e. taxi cabs) in such instances.

#### **4.7 Physical Safety**

- 4.7.1** Physical safety includes work place injuries, confrontation with violent patients, home visits, and in-house accommodations.
- 4.7.2** Within health authority facilities, residents should not work alone without adequate support from security.
- 4.7.3** Residents are not to be expected to work alone during after-hours clinics.
- 4.7.4** Residents are not expected to make unaccompanied home visits.
- 4.7.5** Residents should not assess violent or psychotic patients without the backup of security and accessible exits.
- 4.7.6** Within health authority sites, residents should familiarize themselves with the occupational health and safety office. This includes familiarity with policies and procedures in reporting contact with contaminated fluids, needles, TB exposure or risk, etc.
- 4.7.7** Residents must observe universal precautions and isolation procedures. If necessary, a refresher or literature will be provided on universal precautions procedures.
- 4.7.8** Residents should keep up to date on their immunizations through the health authority, family clinics, or community health offices. Overseas travel immunizations and advice should be sought in advance when travelling abroad for elective experiences. Since the residency program does not mandate overseas electives, the Resident is expected to coordinate and finance these services.
- 4.7.9** Family medicine teaching clinics should have a mechanism for reporting and documenting incidents.
- 4.7.10** Accommodations provided for the Resident are expected to be clean, smoke free, located in safe locations or neighbourhoods, have adequate lighting, a phone, fire alarms, and smoke detectors. Any appliances supplied are to be in good working order. There must be adequate locks on the doors.
- 4.7.11** Where service is provided, Residents should use the call block feature to block telephone numbers when calling patients. When service is not available, Residents should use a clinic office or hospital phone line.
- 4.7.12** When training at locations that prevent the ability to take along a car, Residents should not be expected to walk any major or unsafe distances at night.
- 4.7.13** For any learning experiences outside of Alberta, Residents must contact their health insurance provider to determine their eligibility for coverage.
- 4.7.14** For any learning experiences outside of Alberta, Residents must ensure they are appropriately registered through their home program and in a timely fashion, to ensure WCB coverage in other Canadian hospital settings.
- 4.7.15** For any learning experiences outside of Canada, it is the Resident's responsibility to confirm WCB coverage through the supervising site

or ensure their own disability insurance extends appropriately.

- 4.7.16** For any learning experiences outside of Canada, it is the Resident's responsibility to register appropriately with the University of Calgary Travel Registration system and review travel resources e.g. through Risk Management, and the offices of Strategic Partnerships and Community Engagement, and Global Health and International Partnerships. The following links are provided:  
<https://wcm.ucalgary.ca/riskmgmt/international>;  
<http://ucalgary.ca/ghealth/>; <http://cumming.ucalgary.ca/SPaCteam>

#### **4.8 Psychological Safety**

- 4.8.1** A safe learning environment for Residents is one free from intimidation, harassment, and discrimination.
- 4.8.2** The residency program does not tolerate any discrimination towards Residents and does not tolerate any intimidation or harassment of residents.
- 4.8.3** Residents are strongly encouraged to report any discrimination, harassment and/or intimidation as outlined in the Resident Wellness Policy.
- 4.8.4** Residents are encouraged to comment on the rotation evaluations about any professionalism issues encountered in relation to staff, preceptors and other residents.
- 4.8.5** Any complaints about discrimination, intimidation and/or harassment brought to the attention of the program will be treated sensitively. Confidentiality will always be preserved unless the resident agrees to their name being shared as part of any investigative process.

#### **4.9 Professional Safety**

- 4.9.1** Residents must have active malpractice insurance coverage at all times during residency training.
- 4.9.2** Residents engaging in elective rotations outside of Alberta must contact CMPA to ensure their medical liability coverage is active in the other jurisdiction.
- 4.9.3** Residents engaging in elective rotations outside of the Canada must consult with the CMPA to determine if malpractice insurance coverage can be offered. Where it cannot, Residents must establish supplementary insurance coverage prior to approval of the elective, and commencement of clinical duties.
- 4.9.4** Residents completing rotations outside of Alberta must register with the relevant licensing body. This includes Provincial and Territorial Colleges, and International equivalents. Electives will not be approved without confirmation of appropriate registration.
- 4.9.5** Residents must not be expected to participate in any situation that would go against their professional responsibilities and professional ethics.
- 4.9.6** Residents must have adequate contact with supervising preceptors and program leaders for help during critical incidents.

**4.9.7** Incidents that do require Residents to jeopardize their professional safety should be reported immediately to the Resident’s Division, site or Program Director. CMPA provides legal advice and insurance for residents who have acquired coverage.

**4.9.8** An ombudsperson is available for impartial advice.

**Responsibilities**    **5**    *Implementation Authority* – ensure that University staff are aware of and understand the implications of this policy and related procedures. Monitor compliance with the policy and related procedures. Regularly review the policy and related procedures to ensure consistency in practice. Sponsor the revision of this policy and related procedures when necessary. Appoint a Policy Advisor to administer and manage these activities.

*Policy Advisor* – fulfil the responsibilities of the Implementation Authority.

**History**                    **6**    *Effective: January, 2008*  
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